FS 4731-E

Authority: P.L. 103-382

Completion: Voluntary. (Failure to file will result inn loss of funding.)

Status of Schools Identified for Corrective Action on 1999-2000 Adequate Yearly Progress Report Michigan Department of Education Office of Field Services P.O. Box 30008 Lansing, Michigan 48909 Attachment C Direct Questions to: (517)373-3921 Fax no. (517)335-2886

Instructions: Complete and return this form to the Office of Field Services no later than April 30, 2001. For each school listed, indicate the school year of the corrective action by circling either 00-01 or 01-02. If the district has decided to wait until 2001-2002, briefly describe the extenuating circumstance.

		Title I School Identification	Subject		entified Improve 98-99		School j Correctiv (circle	e Action	Description of Extenuating Circumstance if 01-02 circled
9 <u>9999</u>	GOOD CONSOLIDATED SCHOOLS								
9998	BEST MIDDLE SCHOOL	Non-Title I	Reading	Yes	Yes-C	Yes-CA	00-01	01-02	
			<b>Mathematics</b>	No	No	Yes	00-01	01-02	
	6-8		Science	Yes	Yes-C	Yes-CA	00-01	01-02	
			Writing	No	Yes	Yes-C	00-01	01-02	
9992	GOOD CONSOLIDATED ELEM. SCHOOL	School Wide	Reading	Yes	Yes-C	Yes-CA	00-01	01-02	
			Mathematics	No	No	Yes	00-01	01-02	
	K-5		Science	Yes	Yes-C	No	00-01	01-02	
			Writing	Yes	Yes-C	No	00-01	01-02	
9994	GOOD CONSOLIDATED MIDDLE	Targeted Assistance	Reading	Yes	Yes-C	No	00-01	01-02	
			Mathematics	Yes	Yes-C	Yes-C	00-01	01-02	
	6-8		Science	Yes	Yes-C	Yes-CA	00-01	01-02	
			Writing	No	Yes	Yes-C	00-01	01-02	
9995	VERY GOOD ELEM. SCHOOL	School Wide	Reading	No	No	Yes	00-01	01-02	
			Mathematics	No	No	Yes	00-01	01-02	
	K-5		Science	Yes	Yes-C	Yes-CA	00-01	01-02	
			Writing	No	No	No	00-01	01-02	

CERTIFICATION:									
I certify that the information submitted in this report is true and correct to the best of my knowledge.									
Signature of Superintendent or		Date							
Authorized Official									
Typed Name of Superintendent or									
Authorized Official									
Telephone (Area Code/Local Number)									